

| <b>SCC eFile</b>  | <b>2014 ANNUAL REPORT</b><br><b>COMMONWEALTH OF VIRGINIA</b><br><b>STATE CORPORATION COMMISSION</b> | <b>214530436</b>                             |       |   |  |   |       |         |
|---|---|--|-------|---|--|---|-------|---------|
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:<br/> <b>BECHTEL GROUP, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br/> <b>CT CORPORATION SYSTEM</b><br/> <b>4701 COX ROAD, SUITE 285</b><br/> <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br/> <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:<br/> <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2014</b></p> <p>SCC ID NO: <b>F1931841</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMV</td> <td>500,000</td> </tr> <tr> <td>COMNV</td> <td>500,000</td> </tr> </table> </div> </div> |   |  | CLASS | AUTHORIZED                                  | COMV   | 500,000   | COMNV | 500,000 |
| CLASS   | AUTHORIZED  |  |       |   |  |   |       |         |
| COMV  | 500,000   |  |       |   |  |   |       |         |
| COMNV   | 500,000   |  |       |   |  |   |       |         |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 50 BEALE ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: SAN FRANCISCO, CA 94105</p>  |   |  |       |   |  |   |       |         |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>   |   |  |       |   |  |   |       |         |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;"><input checked="" type="checkbox"/> OFFICER</td> <td style="width: 25%; text-align: center;"><input checked="" type="checkbox"/> DIRECTOR</td> </tr> <tr> <td> NAME: WILLIAM N DUDLEY JR<br/> TITLE: PRES COO<br/> ADDRESS: 1211 SUNSET HILLS RD STE 110<br/> CITY/ST/ZIP/CO: RESTON, VA 20190 </td> <td></td> <td></td> </tr> </table>  |   |  |       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | NAME: WILLIAM N DUDLEY JR<br>TITLE: PRES COO<br>ADDRESS: 1211 SUNSET HILLS RD STE 110<br>CITY/ST/ZIP/CO: RESTON, VA 20190 |       |         |
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|                 |                                |   |  |
|-----------------|--------------------------------|---|--|
| NAME:           | R LEIGH CLIFFORD               | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                       |   |  |
| ADDRESS:        | 50 BEALE ST                    |   |  |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94105        |   |  |
| NAME:           | STEPHEN D BECHTEL, JR          | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SENIOR DIRECTOR                |   |  |
| ADDRESS:        | 50 BEALE ST                    |   |  |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94105        |   |  |
| NAME:           | ALAN M. DACHS                  | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                       |   |  |
| ADDRESS:        | 50 BEALE ST                    |   |  |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94105        |   |  |
| NAME:           | JOHN E FUTCHER                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SVP                            |   |  |
| ADDRESS:        | 3000 POST OAK BLVD             |   |  |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77056              |   |  |
| NAME:           | ANDREW C GREIG                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SVP                            |   |  |
| ADDRESS:        | 12011 SUNSET HILLS RD, STE 110 |   |  |
| CITY/ST/ZIP/CO: | RESTON, VA 20190               |   |  |
| NAME:           | ROBERT L. JOSS                 | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                       |   |  |
| ADDRESS:        | 50 BEALE ST                    |   |  |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94105        |   |  |
| NAME:           | JOHN A MACDONALD               | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SVP                            |   |  |
| ADDRESS:        | 50 BEALE ST                    |   |  |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94105        |   |  |
| NAME:           | NICHOLAS G MOORE               | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                       |   |  |
| ADDRESS:        | 50 BEALE ST                    |   |  |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94105        |   |  |
| NAME:           | DAVID J O'REILLY               | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                       |   |  |
| ADDRESS:        | 50 BEALE ST                    |   |  |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94105        |   |  |
| NAME:           | DANIEL J WARMENHOVEN           | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                       |   |  |
| ADDRESS:        | 50 BEALE ST                    |   |  |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94105        |   |  |
| NAME:           | KEVIN C LEADER                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | PVP, TREASURER                 |   |  |
| ADDRESS:        | 50 BEALE                       |   |  |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94105        |   |  |

|  |  |  |         |                          |          |
|--|--|--|---------|--------------------------|----------|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | MARY W QUAZZO<br>VP, SECRETARY<br>50 BEALE ST<br>SAN FRANCISCO, CA 94105     | <input checked="checked" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | KIMBERLEY C SCHAFER<br>ASST SECRETARY<br>50 BEALE<br>SAN FRANCISCO, CA 94105 | <input checked="checked" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | PEGGY H RESTIVO<br>CONTROLLER<br>50 BEALE ST<br>SAN FRANCISCO, CA 94105      | <input checked="checked" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | JOHN H DESHONG<br>PRINCIPAL VP<br>50 BEALE ST<br>SAN FRANCISCO, CA 94105     | <input checked="checked" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.  |  |  |         |                          |          |
| /s/ PEGGY HRESTIVO   |  | PEGGY HRESTIVO,                            |         | 6/13/2014                |          |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  |  | PRINTED NAME AND CORPORATE TITLE           |         | DATE                     |          |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. |  |  |         |                          |          |